

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Pacific Life Insurance Company Political Action Committee

ADDRESS (number and street) ▼

700 Newport Center Drive

☐ Check if different than previously reported. (ACC)

Newport Beach

CA

92660

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00068528

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Patricia Douglass

Signature of Treasurer

Patricia Douglass

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
12 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2011</span>		<span style="border: 1px solid black; padding: 2px;">34626.87</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">89242.56</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">18083.97</span>	<span style="border: 1px solid black; padding: 2px;">236199.66</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">107326.53</span>	<span style="border: 1px solid black; padding: 2px;">270826.53</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">12000.00</span>	<span style="border: 1px solid black; padding: 2px;">175500.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">95326.53</span>	<span style="border: 1px solid black; padding: 2px;">95326.53</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 12 / 01 / 2011

To:

 M M / D D / Y Y Y Y Y  
 12 / 31 / 2011
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

17850.64

184936.70

(ii) Unitemized .....

233.33

51262.96

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

18083.97

236199.66

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

18083.97

236199.66

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

18083.97

236199.66

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

18083.97

236199.66

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	175500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12000.00	175500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12000.00	175500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	18083.97	236199.66
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18083.97	236199.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. JUNE G ARCE**

Mailing Address 20050 EMERALD MEADOW DR

City State Zip Code  
 WALNUT CA 91789

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR MKTG COMPL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10362105317**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. JULIE E TRASK**

Mailing Address 181 S CRAIG DR

City State Zip Code  
 ORANGE CA 92869

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10362125317**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. ALAN H BROWN**

Mailing Address 505 13TH ST

City State Zip Code  
 HUNTINGTON BEACH CA 92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ITS STRATEGIC SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10362255317**

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. KATHLEEN N WILSON**

Mailing Address 2525 JUANITA WAY

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR BUS ANA

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR10362275317**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DEWEY P BUSHAW**

Mailing Address 29132 ALFIERI ST

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EXEC VP RSD

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2004.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR10362305317**

Amount of Each Receipt this Period

167.00

P/R Deduction (\$167.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. EDWARD R BYRD**

Mailing Address 17520 PAGE CT

City

YORBA LINDA

State

CA

Zip Code

92886

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP & CHF ACTG OFCR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR10362325317**

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

322.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 99  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOSEPH E CELENTANO**

Mailing Address 26661 CAMPESINO

City State Zip Code  
MISSION VIEJO CA 92691

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP ERM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10362385317**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. LAURIE A CHURCH**

Mailing Address 21851 NEWLAND ST SPC 246

City State Zip Code  
HUNTINGTON BEACH CA 92646

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

STRCT STTLMENTS CONS (G)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10362425317**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. KATHLEEN A CLUNE**

Mailing Address 858 S BLUEBIRD CIR

City State Zip Code  
ANAHEIM CA 92807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ASST TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10362465317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

165.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 99  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. GAIL C MOSCOSO**

Mailing Address 31558 WEST NINE DR

City State Zip Code  
LAGUNA NIGUEL CA 92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP CLIENT SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

12 / 31 / 2011

**Transaction ID : PR10362485317**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DENNIS M CORBETT**

Mailing Address 15136 TOURAIN WAY

City State Zip Code  
IRVINE CA 92604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP TAX COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 31 / 2011

**Transaction ID : PR10362515317**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. PAUL J CROXTON**

Mailing Address 30132 HILLSIDE TER

City State Zip Code  
SN JUAN CAPISTRANO CA 92675

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 31 / 2011

**Transaction ID : PR10362555317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

210.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MS. DEBRA CUNNINGHAM HONERKAMP**

Mailing Address 2712 LIGHTHOUSE LN

City State Zip Code  
CORONA DEL MAR CA 92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RE ASSET MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10362565317**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

## **B. MR. MICHAEL R CURRY**

Mailing Address 12162 WICKLOW LN

City State Zip Code  
NAPLES FL 34120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10362575317**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

## **C. MS. STEPHANIE J CURRY**

Mailing Address 20 BRYCE CYN

City State Zip Code  
ALISO VIEJO CA 92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ADVANCED SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10362595317**

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

290.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. DIANE W DALES**

Mailing Address 28 CLERMONT

City State Zip Code  
 NEWPORT COAST CA 92657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR10362605317

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. LINDA D LARSON**

Mailing Address 8315 ROAD R NW

City State Zip Code  
 QUINCY WA 98848

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP IND COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR10362625317

Amount of Each Receipt this Period

120.00

P/R Deduction (\$120.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. MARK R FALK**

Mailing Address 64 SUMMERSTONE

City State Zip Code  
 IRVINE CA 92614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP STRATEGIC PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR10362715317

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

295.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. PETER S FIEK**

Mailing Address 22 ARCADE

City State Zip Code  
 IRVINE CA 92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PORTFOLIO MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10362775317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DAVID R FINEAR**

Mailing Address 718 K THANGA DR

City State Zip Code  
 CORONA DEL MAR CA 92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RE INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10362785317**

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. MARTHA A GATES**

Mailing Address 31411 MONTEREY ST

City State Zip Code  
 LAGUNA BEACH CA 92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4349.94

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10362865317**

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

476.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. FRANK J GOETZ**

Mailing Address 7 SOVENTE

City State Zip Code  
 IRVINE CA 92606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RISK SELECTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10362905317**

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. MILDA C GOODMAN**

Mailing Address 310 ALISO AVE

City State Zip Code  
 NEWPORT BEACH CA 92663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ADV & PUB RLNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10362925317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. LORENE C GORDON**

Mailing Address 37 LANTANA

City State Zip Code  
 ALISO VIEJO CA 92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10362935317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. C MARLA GRAHAM**

Mailing Address 23672 BRASILIA ST

City

MISSION VIEJO

State

CA

Zip Code

92691

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

APPLIC DEV MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR10362945317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. WILLIAM C GREEN**

Mailing Address 12889 RALSTON CIR

City

SAN DIEGO

State

CA

Zip Code

92130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR CONSTR LOAN ACCT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR10362955317**

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. ADRIAN S GRIGGS**

Mailing Address 8766 CANARY AVE

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP FINANCE & RISK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR10362965317**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. IRENE L JACOBSEN**

Mailing Address 6052 SAN YSIDRO CIR

City State Zip Code  
 BUENA PARK CA 90620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ACCOUNT MGMT SPEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10362995317**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. BRENDA K HARDWIG**

Mailing Address 13112 EARLHAM ST

City State Zip Code  
 SANTA ANA CA 92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

COMMUNITY RELTNS COORD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10363035317**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. ROBERT G HASKELL**

Mailing Address 1880 N EL CAMINO REAL

City State Zip Code  
 SAN CLEMENTE CA 92672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP BRAND MGMT & PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10363065317**

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

506.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. DALE E HAWLEY**

Mailing Address 2702 SAN JOAQUIN HILLS RD

City State Zip Code  
 CORONA DEL MAR CA 92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

888.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10363075317**

Amount of Each Receipt this Period

74.00

P/R Deduction (\$74.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. ROBERT J HEMSTEAD**

Mailing Address 5613 DAISY ST

City State Zip Code  
 SIMI VALLEY CA 93063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP & VALUATION ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10363105317**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. KEVIN A HENDRA**

Mailing Address 58 VIAGGIO LN

City State Zip Code  
 FOOTHILL RANCH CA 92610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP TAX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10363115317**

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

249.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. HOWARD T HIRAKAWA**

Mailing Address 23972 GOLDENEYE DR

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP INV ADVISOR OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR10363165317**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. MARYBETH HUGHES**

Mailing Address 2283 WATERMAN WAY

City

COSTA MESA

State

CA

Zip Code

92627

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR CORPORATE RISK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR10363205317**

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. CAROL A JENSEN**

Mailing Address 8554 202ND STREET SW

City

EDMONDS

State

WA

Zip Code

98026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

NATL SLS MGR M CHANNEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR10363245317**

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

A. MR. JEFF R JOHNSON

Mailing Address 1 SAND OAKS RD.

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CORP FIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

Transaction ID : PR10363255317

Amount of Each Receipt this Period

55.00

P/R Deduction (\$55.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. KENT R JOHNSON

Mailing Address 25621 DEL NORTE

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP ACTUARIAL &amp; REINS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

Transaction ID : PR10363265317

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. MARK J JOHNSON

Mailing Address 1812 LEADBURN RD

City

TOWSON

State

MD

Zip Code

21204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

Transaction ID : PR10363275317

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

255.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. SCOTT E JOHNSON**

Mailing Address 906 NEWTON LN

City State Zip Code  
 PLACENTIA CA 92870

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP CORPORATE TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10363285317**

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. LORI A JOHNSTONE**

Mailing Address 27 GRAY STONE WAY

City State Zip Code  
 LAGUNA NIGUEL CA 92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP SPECIALTY INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10363295317**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. SUZANNE T KAMPA**

Mailing Address 5531 STANFORD AVE

City State Zip Code  
 GARDEN GROVE CA 92845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

IT AUDIT CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10363325317**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. BRIAN D KLEMENS**

Mailing Address 24611 BENJAMIN CIR

City  
DANA POINT

State Zip Code  
CA 92629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10363375317**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOHN P KONTOS**

Mailing Address 6307 CAMINO MARINERO

City  
SAN CLEMENTE

State Zip Code  
CA 92673

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP INSTITUTIONAL MARKETS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10363425317**

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. JODY L LINNEMAN**

Mailing Address 262 S FAIRFIELD LN

City  
ORANGE

State Zip Code  
CA 92869

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10363455317**

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. FLETCHER C LARSON

Mailing Address 709 AVENIDA MIROLA

City State Zip Code  
 PALOS VERDES EST CA 90274

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR10363475317

Amount of Each Receipt this Period

400.00

P/R Deduction (\$400.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. TERESA M LORD

Mailing Address 16432 CAMINO CANADA LN

City State Zip Code  
 HUNTINGTON BEACH CA 92649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR SYSTEMS ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR10363545317

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. LAURENE E MAC ELWEE

Mailing Address 1033 SECRETARIAT CIR

City State Zip Code  
 COSTA MESA CA 92626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP FUND COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR10363565317

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

540.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. STEPHANIE J BABKOW**

Mailing Address 9901 OCEANCREST DR

City State Zip Code  
HUNTINGTON BEACH CA 92646

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP FIELD FINANCIAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10363585317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DESMOND G MARSH**

Mailing Address 74 SETON RD

City State Zip Code  
IRVINE CA 92612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ANNUITY APPS ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10363595317**

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. THOMAS J MAYS**

Mailing Address 7406 PALOMA DR

City State Zip Code  
HUNTINGTON BEACH CA 92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP GOVT RELNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10363605317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. GAIL H MC INTOSH**

Mailing Address 622 18TH ST

City State Zip Code  
HUNTINGTON BEACH CA 92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10363615317**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. ROBERT B MC KIBBIN**

Mailing Address 6911 W 129TH PL

City State Zip Code  
OVERLAND PARK KS 66209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10363625317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. JULIA C MC KINNEY**

Mailing Address 3615 PASEO DEL CAMPO

City State Zip Code  
PALOS VERDES EST CA 90274

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10363635317**

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

140.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 99  
(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MORGAN C MC KNIGHT**

Mailing Address 1217 HIGHCREST DR

City  
BURLESONState Zip Code  
TX 76028FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

APPLIC DEV CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

Transaction ID : PR10363645317

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. HENRY M MC MILLAN**

Mailing Address 4006 INLET ISLE DR

City  
CORONA DEL MARState Zip Code  
CA 92625FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP &amp; CHIEF RISK OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

Transaction ID : PR10363665317

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. CAROLYN J MIDDLEBROOKS**

Mailing Address 2024 E OCEAN BLVD

City  
NEWPORT BEACHState Zip Code  
CA 92661FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP &amp; CHIEF LIFE UNDERWRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

Transaction ID : PR10363695317

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. AUDREY L MILFS**

Mailing Address 26922 ROCKING HORSE LN

City State Zip Code  
LAGUNA HILLS CA 92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10363715317**

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOSE T MISCOLTA**

Mailing Address 20 BRYCE CYN

City State Zip Code  
ALISO VIEJO CA 92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PROD & PORT MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10363755317**

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. ELIZABETH A MOORE**

Mailing Address 6412 N 159TH ST

City State Zip Code  
OMAHA NE 68116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SYSTEMS ANALYSIS CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10363765317**

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JAMES T MORRIS**

Mailing Address 32141 COOK LN

City State Zip Code  
SN JUAN CAPISTRANO CA 92675

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

CHAIRMAN, PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10363795317**

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOHN C MULVIHILL**

Mailing Address 27382 VIA PRIORATO

City State Zip Code  
SN JUAN CAPISTRANO CA 92675

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP RE ASSET MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10363805317**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. MICHELE A TOWNSEND**

Mailing Address 26022 HORSE SHOE CIR

City State Zip Code  
LAGUNA HILLS CA 92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

COMMUNITY RELTNS DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10363845317**

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

601.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. RICHARD P OLSON**

Mailing Address 24902 SUNSET PL E

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR SECURITY SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR10363935317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. JOYCE J PEAD**

Mailing Address 25 SUNRISE

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP TALENT ACQ & DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR10364005317**

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. ALYCE PETERSON**

Mailing Address 10033 WINESAP AVE

City

CHERRY VALLEY

State

CA

Zip Code

92223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP MARKETING SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR10364025317**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

205.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. B P PILLION**

Mailing Address 915 STROKE RD

City

VILLANOVA

State

PA

Zip Code

19085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR10364045317

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. YVES F PINKOWITZ**

Mailing Address 20541 VIA EL TAJO

City

YORBA LINDA

State

CA

Zip Code

92887

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP CORP AUDIT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

522.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR10364055317

Amount of Each Receipt this Period

44.00

P/R Deduction (\$44.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. THEODORE A PREMIER**

Mailing Address 20 MOLINO

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP REAL ESTATE FINANCE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR10364085317

Amount of Each Receipt this Period

225.00

P/R Deduction (\$225.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

309.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOSEPH A PUM**

Mailing Address 33 BOLERO

City State Zip Code  
MISSION VIEJO CA 92692

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

INTERNAL AUDIT DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10364095317**

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JAMES R RICE**

Mailing Address 11 STILLWATER

City State Zip Code  
IRVINE CA 92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP M FINANCIAL DISTRIBUTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10364145317**

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. THOMAS M RONCE**

Mailing Address 19 GLEN ELLEN

City State Zip Code  
IRVINE CA 92602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & TAX COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10364205317**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. RICHARD J SCHINDLER**

Mailing Address 28472 AVENIDA PLACIDA

City State Zip Code  
 SN JUAN CAPISTRANO CA 92675

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP LIFE CHF MKTG OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3825.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10364265317**

Amount of Each Receipt this Period

325.00

P/R Deduction (\$325.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. KIMBERLY K SCHULTZ**

Mailing Address 28392 CALLE PINON

City State Zip Code  
 SN JUAN CAPISTRANO CA 92675

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10364305317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. CATHY L SCHWARTZ**

Mailing Address 87 PELICAN CT

City State Zip Code  
 NEWPORT BEACH CA 92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10364315317**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. ALAN L SCHWITZGEBEL**

Mailing Address 18612 MORONGO ST

City State Zip Code  
FOUNTAIN VALLEY CA 92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

HR BUS PARTNER CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10364325317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. SONJA V SCOTT**

Mailing Address 30 CANYONWOOD

City State Zip Code  
IRVINE CA 92620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COMPENSATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10364335317**

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. BRADLEY W SHERRELL**

Mailing Address 2315 VIA ZAFIRO

City State Zip Code  
SAN CLEMENTE CA 92673

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP TECH OFFICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10364355317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. JOAN M SMITH**

Mailing Address 33342 COVE ISLAND PL

City State Zip Code  
DANA POINT CA 92629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ACCOUNTING DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10364415317**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. CAROL R SUDBECK**

Mailing Address 11 SOMMET

City State Zip Code  
NEWPORT COAST CA 92657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP HR & FACILITIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4344.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10364505317**

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. ALICE P TERLECKY**

Mailing Address 2130 CAMINO LAUREL

City State Zip Code  
SAN CLEMENTE CA 92673

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP NEW BUSINESS SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10364575317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

461.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOHN G TORELL**

Mailing Address 355 S LORETTA DR

City  
ORANGE

State Zip Code  
CA 92869

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP ACCTG & RPTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10364585317**

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. STEPHEN J TORETTO**

Mailing Address 22862 ORENSE

City  
MISSION VIEJO

State Zip Code  
CA 92691

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10364595317**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. KHANH T TRAN**

Mailing Address 47 VERNAL SPG

City  
IRVINE

State Zip Code  
CA 92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EXEC VP CFO & CHF INVEST OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10364605317**

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

566.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. EDDIE D TUNG**

Mailing Address PO BOX 10386

City State Zip Code  
 NEWPORT BEACH CA 92658

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP REGULATORY PROD ACCTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10364625317**

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. CATHRYN L VAN WEY**

Mailing Address 41974 CARSON CT

City State Zip Code  
 MURRIETA CA 92562

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP NATL ACCTS & BD SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10364635317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. MELANIE G WAGNER**

Mailing Address 1842 MOORPARK DR

City State Zip Code  
 BREA CA 92821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR HR & PR SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10364645317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOHN M WALDECK**

Mailing Address 67 LAURELHURST DR

City State Zip Code  
 LADERA RANCH CA 92694

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP RE UWG & CONST SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2025.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10364655317**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. NAOMI D WHEELER**

Mailing Address 1827 MAIN ST

City State Zip Code  
 HUNTINGTON BEACH CA 92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP FINANCIAL ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10364735317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JOHN WHITE**

Mailing Address 28532 VIA PRIMAVERA

City State Zip Code  
 SN JUAN CAPISTRANO CA 92675

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10364745317**

Amount of Each Receipt this Period

120.00

P/R Deduction (\$120.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

320.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. ALAN D WUEST**

Mailing Address 4473 AUGUSTA DR

City State Zip Code  
 OCEANSIDE CA 92057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP OPERATIONS SUPPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10364805317**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. ROBIN S YONIS**

Mailing Address 8 CASTLEBAR

City State Zip Code  
 IRVINE CA 92618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & FUND ADVISOR COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10364825317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. MARIA ZABELLI-DOUGHERTY**

Mailing Address 525 LOMBARDY RD

City State Zip Code  
 DREXEL HILL PA 19026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SUPR OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10364835317**

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MICHAEL A BELL**

Mailing Address 2 PRECIPICE

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EVP LIFE INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR10365145317**

Amount of Each Receipt this Period

350.00

P/R Deduction (\$350.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. PAUL V LIGEROS**

Mailing Address 44 RABANO

City

RCHO STA MARGARITA

State

CA

Zip Code

92688

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

PROD & COMPETITION CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR10365205317**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. REED J LLOYD**

Mailing Address 6 SANDERLING LN

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ADVANCED MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR10365215317**

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

455.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MR. REX A OLSON**

Mailing Address 1963 PORT LAURENT PL

City State Zip Code  
 NEWPORT BEACH CA 92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP&SR MANAGING DIR (LEV FIN)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10365225317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

## **B. MR. SAMUEL TANG**

Mailing Address PO BOX 4586

City State Zip Code  
 MISSION VIEJO CA 92690

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

PRINCIPAL PAC TRIGUARD COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10365235317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

## **C. MS. CYNTHIA D BARNARD**

Mailing Address 510 TUSTIN AVE

City State Zip Code  
 NEWPORT BEACH CA 92663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP & VALUATION ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10365295317**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. CAROLYN DEAN**

Mailing Address PO BOX 3051

City  
DANA POINT

State Zip Code  
CA 92629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ACCOUNTING DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10365345317**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. ANGELA D HARRELSON**

Mailing Address 286 VIRGINIA PL

City  
COSTA MESA

State Zip Code  
CA 92627

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

BUS SYSTEMS ANA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10365405317**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. CAROL E RUMSEY**

Mailing Address 25221 SPINDLEWOOD

City  
LAGUNA NIGUEL

State Zip Code  
CA 92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10365455317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

95.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. PHILIP A TEETER**

Mailing Address 31422 ALTA LOMA DR

City State Zip Code  
LAGUNA BEACH CA 92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP TECH & OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2055.00

Date of Receipt

12 / 31 / 2011

**Transaction ID : PR10365475317**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. LOREN M DOLLET**

Mailing Address 8 JUPITER HLS

City State Zip Code  
NEWPORT BEACH CA 92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EXEC VP GEN COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 31 / 2011

**Transaction ID : PR1036555317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. TENNYSON S OYLER**

Mailing Address 52 PEONY

City State Zip Code  
IRVINE CA 92618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

12 / 31 / 2011

**Transaction ID : PR10365615317**

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. VALERIE MORRIS**

Mailing Address 48 W YALE LOOP

City State Zip Code  
 IRVINE CA 92604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP HR PRGMS & SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10365685317**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. PATRICIA S DOUGLASS**

Mailing Address 640 SAINT JAMES RD

City State Zip Code  
 NEWPORT BEACH CA 92663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP GOVT RELNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10365735317**

Amount of Each Receipt this Period

275.00

P/R Deduction (\$275.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. WILLIAM D BURKE**

Mailing Address 2216 NELDA WAY

City State Zip Code  
 ALAMO CA 94507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10365785317**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

475.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. SILAS K DUNN**

Mailing Address 14 ELDERWOOD

City State Zip Code  
 IRVINE CA 92614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PSD COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10365845317**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. RODERICK P HANSEN**

Mailing Address 87 CUMMINGS BATTLE TRL

City State Zip Code  
 HENDERSONVILLE NC 28739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10365855317**

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. CHRISTINA Q HE**

Mailing Address 16625 SONORA STREET

City State Zip Code  
 TUSTIN CA 92782

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP INVESTMENT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10365875317**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. ERIC B MILLS**

Mailing Address 25202 LA ESTRADA DR

City State Zip Code  
LAGUNA NIGUEL CA 92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP ADVANCE DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10365955317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOHN F O'DONNELL**

Mailing Address 30 BRIAN RD

City State Zip Code  
BRIDGEWATER MA 02324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

NATL SLS MGR KEY ACCT MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10365965317**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. EVAN P OHS**

Mailing Address 120 34TH AVE E

City State Zip Code  
SEATTLE WA 98112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10365975317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. JULIET A PINKERTON**

Mailing Address 5874 GARRISON RD

City

FRANKLIN

State

TN

Zip Code

37064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIVISIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR10365995317**

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. PHILLIP L SALEMNO**

Mailing Address 47 BETSY LN

City

AMBLER

State

PA

Zip Code

19002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

MARKETING CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR10366035317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. RICHARD A TAUBE**

Mailing Address 24081 NUTHATCH LN

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR10366045317**

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

360.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. TRAVIS R MC KAY**

Mailing Address 210 OXFORD AVE

City State Zip Code  
 CLARENDON HILLS IL 60514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10366065317**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. JOANN ROGERS**

Mailing Address 909 DREXEL AVE

City State Zip Code  
 DREXEL HILL PA 19026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR RELATIONSHIP COORD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10366085317**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. KATHARINE B YOUNG**

Mailing Address 18647 SANTA ISADORA ST

City State Zip Code  
 FOUNTAIN VALLEY CA 92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP VALUATION & RISK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1160.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10366105317**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

220.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. DALE W PATRICK**

Mailing Address 11975 LAMBERT

City

TUSTIN

State

CA

Zip Code

92782

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PORTFOLIO MGMT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR10366145317

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. CHRISTOPHER VAN MIERLO**

Mailing Address 400 EL VUELO

City

SAN CLEMENTE

State

CA

Zip Code

92672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP RSD SALES CHF MKTG OFCR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR10366155317

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. DOUGLAS J URATA**

Mailing Address 28202 MILLWOOD RD

City

TRABUCO CANYON

State

CA

Zip Code

92679

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR MKTG ANA

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR10366165317

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MICHAEL S ROBB**

Mailing Address 34 CLIFFHOUSE BLF

City State Zip Code  
 NEWPORT COAST CA 92657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EXEC VP RE INVEST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10366195317**

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. WILLIAM B ARMSTRONG**

Mailing Address 7210 SIERRA DR

City State Zip Code  
 GRANITE BAY CA 95746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10366225317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. LISA M HENSGEN**

Mailing Address 7900 INNISBROOK CT

City State Zip Code  
 PROSPECT KY 40059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10366265317**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

295.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. RICHARD M WILKES**

Mailing Address 7124 HAWKSBEARD DR

City

WESTERVILLE

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR10366275317**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. RICHARD S BANNO**

Mailing Address 26666 WHITE OAKS DR

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CAPITAL MKTS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR10366285317**

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. THOMAS C BILELLO**

Mailing Address 17812 BIGELOW PARK

City

TUSTIN

State

CA

Zip Code

92780

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP OPERATIONS COMPL

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR10366295317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. STEPHEN M BOLLINGER**

Mailing Address 17345 FLAME TREE CIR

City State Zip Code  
 FOUNTAIN VALLEY CA 92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP E-COMMERCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10366305317**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. MARY ANN BROWN**

Mailing Address 304 WEYMOUTH PL

City State Zip Code  
 LAGUNA BEACH CA 92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EVP CORPORATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10366315317**

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. LORI K CARRASCO**

Mailing Address 2742 PORTOLA DR

City State Zip Code  
 COSTA MESA CA 92626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

CORP SECRETARIAL CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10366325317**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

496.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 50 OF 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. SIMON S FENG

Mailing Address 10 CANDELA

City State Zip Code  
 IRVINE CA 92620

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP BUS &amp; TECH INTEG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR10366355317

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. THOMAS GIBBONS

Mailing Address 1970 PARK NEWPORT

City State Zip Code  
 NEWPORT BEACH CA 92660

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP TAX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3735.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR10366365317

Amount of Each Receipt this Period

315.00

P/R Deduction (\$315.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. MARY M HAWKINS

Mailing Address 6182 S 177TH ST

City State Zip Code  
 OMAHA NE 68135

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP OPS BUS SOLUTNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR10366395317

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

560.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JAMES KARAFA**

Mailing Address 105 PALO ALTO PL

City State Zip Code  
 APTOS CA 95003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIVISIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10366405317**

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. MARK A KARPE**

Mailing Address 16 AUTUMNLEAF

City State Zip Code  
 IRVINE CA 92614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10366415317**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. GREGORY L KEELING**

Mailing Address 406 1/2 HELIOTROPE AVE

City State Zip Code  
 CORONA DEL MAR CA 92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10366425317**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

70.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOSEPH W KRUM**

Mailing Address 43 LEMANS

City State Zip Code  
 NEWPORT COAST CA 92657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP CORPORATE FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10366445317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. DARCY L LEWIS**

Mailing Address 1850 INDUSTRIAL ST

City State Zip Code  
 LOS ANGELES CA 90021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10366455317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. STEPHAN P MITCHELL**

Mailing Address 18111 THEODORA DR

City State Zip Code  
 TUSTIN CA 92780

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

PRODUCT SPEC DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10366465317**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 99

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. CHAD A ROSS**

Mailing Address 851 VIA BARQUERO

City

SAN MARCOS

State

CA

Zip Code

92069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

MGR BROKER DEALER SVCS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2011					

**Transaction ID : PR10366495317**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DAVID K ROSUCK**

Mailing Address 20 SAINT JOHN DR

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2011					

**Transaction ID : PR10366505317**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. PATRICIA A SANDBERG**

Mailing Address 400 FLINT AVE

City

LONG BEACH

State

CA

Zip Code

90814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2011					

**Transaction ID : PR10366525317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

85.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOSEPH D SCHNEIDER**

Mailing Address 307 ESQUINA

City State Zip Code  
 NEWPORT BEACH CA 92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP INFO TECH SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10366535317**

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. ELIZABETH H SKINNER**

Mailing Address 57 CORAL LK

City State Zip Code  
 IRVINE CA 92614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10366555317**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. CHERYL L TOBIN**

Mailing Address 24426 PEACOCK ST

City State Zip Code  
 LAKE FOREST CA 92630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10366575317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

55.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. CATHLEEN H PULFORD

Mailing Address 33742 PEQUITO DR

City  
DANA POINT

State Zip Code  
CA 92629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REG RPTG &amp; ANA CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR10366615317

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. DENNIS L BAHLMANN

Mailing Address 6052 MEADOW VIEW CT

City  
JOHNSTON

State Zip Code  
IA 50131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RISK SELECTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR10366625317

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. KEVIN W BERWALD

Mailing Address 17601 PARKE LN

City  
GROSSE ILE

State Zip Code  
MI 48138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR10366635317

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. GEORGE A PAULIK**

Mailing Address 2990 WINDSTONE CIR

City State Zip Code  
 MARIETTA GA 30062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR FVP-NCM FI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR1036655317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JEFF J BRADSHAW**

Mailing Address 22081 OAK GRV

City State Zip Code  
 MISSION VIEJO CA 92692

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP CORP DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR1036675317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. DEBORAH K JOHNSON**

Mailing Address 3019 SAN ANSELIN AVE

City State Zip Code  
 LONG BEACH CA 90808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SYSTEMS ANALYSIS SUPR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10366685317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. KAREN M BROWN**

Mailing Address 11 FOREST HILLS CT

City State Zip Code  
DANA POINT CA 92629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP MODEL OFC ANN TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

12 / 31 / 2011

**Transaction ID : PR1036695317**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. KENNETH W COX**

Mailing Address 12182 DEWAR DR

City State Zip Code  
RIVERSIDE CA 92505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

IT DELIVERY MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 31 / 2011

**Transaction ID : PR10366705317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. STEVEN R ELDER**

Mailing Address 385 25TH AVE

City State Zip Code  
MILTON WA 98354

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 31 / 2011

**Transaction ID : PR10366725317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

140.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MR. STEPHEN K ENG**

Mailing Address 324 TURTLE CREST DR

City State Zip Code  
 IRVINE CA 92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR RISK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10366735317**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

## **B. MR. ROBERT GOLDSTONE**

Mailing Address 1419 SEA RIDGE DR

City State Zip Code  
 NEWPORT BEACH CA 92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP CHIEF MED OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10366745317**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial)

## **C. MS. CHARLENE A GRANT**

Mailing Address 3311 SEAVIEW AVE

City State Zip Code  
 CORONA DEL MAR CA 92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10366755317**

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

95.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. DAVID C HONERKAMP**

Mailing Address 2712 LIGHTHOUSE LN

City State Zip Code  
 CORONA DEL MAR CA 92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RE ACQUISITIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10366765317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. KRISTINA L KENNEDY**

Mailing Address 6 CAMARIN ST

City State Zip Code  
 FOOTHILL RANCH CA 92610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP ACTUARIAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10366785317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. LINDA L KOTOWICZ**

Mailing Address 795 TREPHANNY LN

City State Zip Code  
 WAYNE PA 19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP M MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10366795317**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

135.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. SHARON E PACHECO**

Mailing Address 21611 BLUEJAY ST

City State Zip Code  
 TRABUCO CANYON CA 92679

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP CHIEF COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR10366825317

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. DAWN M TRAUTMAN**

Mailing Address 7424 CITY LIGHTS DR

City State Zip Code  
 ALISO VIEJO CA 92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP IT & STRATEGIC PLNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR10366865317

Amount of Each Receipt this Period

105.00

P/R Deduction (\$105.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. WILLIAM K VINSON**

Mailing Address 2111 OWENS DRIVE

City State Zip Code  
 FULLERTON CA 92833

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ACTUARIAL CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR10366875317

Amount of Each Receipt this Period

24.00

P/R Deduction (\$24.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

169.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JEFFREY R WILT**

Mailing Address 1 BAILEY DR

City  
GLENWOOD

State  
NJ

Zip Code  
07418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR10366885317**

Amount of Each Receipt this Period

55.00

P/R Deduction (\$55.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. STUART A HOLLAND**

Mailing Address 4931 CAREFREE TRAIL

City  
PARKER

State  
CO

Zip Code  
80134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR FVP-NCM IP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR10366915317**

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. BRANDON J CAGE**

Mailing Address 27 SKYWOOD ST

City  
LADERA RANCH

State  
CA

Zip Code  
92694

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR10366955317**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

170.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. LARRY D GARDNER**

Mailing Address 214 S 202ND ST

City  
ELKHORN

State Zip Code  
NE 68022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

COMPLIANCE MANAGER, NE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10366995317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. ADRIANNE M GEORGANTAS**

Mailing Address 28373 BOULDER DR

City  
TRABUCO CANYON

State Zip Code  
CA 92679

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR FLD SVCS PROJ ANA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10367005317**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. DAVID L GOLDSTEIN**

Mailing Address 12324 CANTURA ST

City  
STUDIO CITY

State Zip Code  
CA 91604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP COLI UNIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10367015317**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

95.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. CHIN H KIM**

Mailing Address 24 TAOS

City State Zip Code  
 RCHO STA MARGARITA CA 92688

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR ADVD MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10367025317**

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. WAYNE K LEE**

Mailing Address 10158 NADINE ST

City State Zip Code  
 TEMPLE CITY CA 91780

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DATABASE MGMT CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10367045317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. RONALD C SEXTON**

Mailing Address 2800 KELLER DR APT 50

City State Zip Code  
 TUSTIN CA 92782

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR DATABASE ADMINR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR10367095317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. KEITH C WERSCHKE**

Mailing Address 25252 NORTHRUP DR

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP EC & AGG RISK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR10367125317

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JIM Y CHU**

Mailing Address 22931 GALAXY LN

City

LAKE FOREST

State

CA

Zip Code

92630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PRICING & DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR10367145317

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. ROBERT J HUNT**

Mailing Address 20130 NE 28TH PL

City

SAMMAMISH

State

WA

Zip Code

98074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR10367165317

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

190.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. STEVEN H GOLDBERG**

Mailing Address 11 TWIN FLOWER ST

City State Zip Code  
LADERA RANCH CA 92694

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR ANNUITIES PRODUCT DEVELPMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10367185317**

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JASON T TODD**

Mailing Address 59 LAURELHURST DR

City State Zip Code  
LADERA RANCH CA 92694

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10371995317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. ROBERT J AVELLINO**

Mailing Address 3 PHEASANT DR.

City State Zip Code  
MT. LAUREL NJ 08054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10614785317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. CARLETON J MUENCH**

Mailing Address 111 NORTHERN PINE LOOP

City State Zip Code  
 ALISO VIEJO CA 92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INVESTMENT OVERSIGHT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR10614835317

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. PATRICK J O'BRIEN**

Mailing Address 1112 LAS POSAS

City State Zip Code  
 SAN CLEMENTE CA 92673

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP SPECIALIZED MRKTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR10614845317

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. TIM N SHAHEEN**

Mailing Address 27621 HOMESTEAD RD

City State Zip Code  
 LAGUNA NIGUEL CA 92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP BUS INTEL & ILLUS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR10614875317

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

130.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MATTHEW WELLS**

Mailing Address 120 BONITA DR

City  
HOMEWOOD

State Zip Code  
AL 35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10614925317**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. MICHAEL J DONNELLY**

Mailing Address 16 GARDEN TER

City  
WALPOLE

State Zip Code  
MA 02081

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10667995317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JAMES P LEASURE**

Mailing Address 2427 PORT WHITBY PL

City  
NEWPORT BEACH

State Zip Code  
CA 92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP&SR MANAGING DIR (LEV FIN)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR10668015317**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

155.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JAMES F SHERIDAN**

Mailing Address 9584 ROBIN AVE

City State Zip Code  
 FOUNTAIN VALLEY CA 92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR ACG/AIRCRAFT SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR11084695317**

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DAVID J VAN DE WATER**

Mailing Address 6433 PALOMINO WAY

City State Zip Code  
 WEST LINN OR 97068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

MARKETING CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR11106895317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. ANN E FARLEY**

Mailing Address 4014 ALADDIN DR

City State Zip Code  
 HUNTINGTON BEACH CA 92649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PRODUCT DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR11323355317**

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. ANN M DELANEY**

Mailing Address 9 GRENADA ST

City State Zip Code  
LAGUNA NIGUEL CA 92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR12361935317**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. ROGER D BOND**

Mailing Address 225 SAN TROPEZ CT.

City State Zip Code  
LAGUNA BEACH CA 92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

INTERNAL AUDIT CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR15598895317**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. ANDREW OLEKSIW**

Mailing Address 22 SKY RANCH RD

City State Zip Code  
LADERA RANCH CA 92694

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP CORP DEVELPMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR15598905317**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. RAE A MCKEATING**

Mailing Address 25842 DANA BLF W

City State Zip Code  
 CAPISTRANO BEACH CA 92624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP LEGAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

12 / 31 / 2011

**Transaction ID : PR22130715317**

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. CHRISTOPHER S DALLAS**

Mailing Address 23 EARLYMORN

City State Zip Code  
 IRVINE CA 92614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 31 / 2011

**Transaction ID : PR22130735317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. EDWIN J FERRELL**

Mailing Address 34 CASTLEROCK

City State Zip Code  
 IRVINE CA 92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP INVSTMT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 31 / 2011

**Transaction ID : PR22130755317**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

195.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. JENELLE J FRANKLIN**

Mailing Address 6131 COSTA DEL REY

City

LONG BEACH

State

CA

Zip Code

90803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

IT AUDIT CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 31 / 2011

**Transaction ID : PR22130765317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DONAL P HANLEY**

Mailing Address 591 S MARENGO AVE UNIT 7

City

PASADENA

State

CA

Zip Code

91106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP LEGAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

12 / 31 / 2011

**Transaction ID : PR22130775317**

Amount of Each Receipt this Period

26.00

P/R Deduction (\$26.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. NANCY A HILL**

Mailing Address 9 AMBERWICKE

City

DOVE CANYON

State

CA

Zip Code

92679

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP REGULATORY COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

12 / 31 / 2011

**Transaction ID : PR22130785317**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

91.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. JENNIFER L KRUMM**

Mailing Address 22 AMBROISE

City State Zip Code  
 NEWPORT COAST CA 92657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP FIN & DERIVATIVE RPTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR22130805317**

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. SUSAN M KEELING**

Mailing Address 406 1/2 HELIOTROPE AVE

City State Zip Code  
 CORONA DEL MAR CA 92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INV MGT ACCTG & RPTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR22130825317**

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. GUY M MOCKELMAN**

Mailing Address 4227 N BRANCH DR

City State Zip Code  
 OMAHA NE 68116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR INTERNAL WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR22130835317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. DIANE M MONTOYA

Mailing Address 3416 N 35TH PL

City  
PHOENIXState Zip Code  
AZ 85018FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR CASE DESIGN ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR22130845317

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. TIMOTHY C MYERS

Mailing Address 23819 CLAYMORE WAY

City  
VALENCIAState Zip Code  
CA 91354FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

CORP TAX DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR22130865317

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. SCOTT P ROBINSON

Mailing Address 130 LAKE PINES DR

City  
BRIGHTONState Zip Code  
MI 48114FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR22130885317

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

135.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JAY C HAMILTON**

Mailing Address 14 ARGOS

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP CONTRACTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR22336355317

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. SHEPHEARD M JAMES**

Mailing Address 18030 BROOKHURST ST.

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR22336365317

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. MICHAEL L ADAMS**

Mailing Address 42 MERIDIAN DR

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP M MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR23430885317

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. RICHARD J MILLER**

Mailing Address 22501 CHASE APT 9112

City State Zip Code  
 ALISO VIEJO CA 92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP IND PROD CHANNEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR31736845317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DOUGLAS P JACKSON**

Mailing Address 59 AUGUSTA

City State Zip Code  
 COTO DE CAZA CA 92679

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP SALES DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR32777125317**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. PATRICK M ALLEN**

Mailing Address 58 RUE DU CHATEAU

City State Zip Code  
 ALISO VIEJO CA 92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

MGR EQ ACCTG & RPTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR33677825317**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

180.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. WILLIAM D BELL**

Mailing Address 12123 COURSER AVE

City

LA MIRADA

State

CA

Zip Code

90638

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR ADVANCED DESIGNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR33677845317

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. MARIAN C BLACKSHEAR**

Mailing Address 5528 BELLFLOWER BLVD

City

LAKEWOOD

State

CA

Zip Code

90713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SYSTEMS ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR33677855317

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. LAURA J JUNG**

Mailing Address 1111 BAYPOINTE DR

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

INTERNAL AUDIT CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR33677865317

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. KATHRYN N HENSLER**

Mailing Address 24372 ENCORVADO LN

City State Zip Code  
MISSION VIEJO CA 92691

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR PARALEGAL ANA I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR33677875317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DANIEL E KOMOROSKE**

Mailing Address 8 OSPREY AVE

City State Zip Code  
ALISO VIEJO CA 92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP LIFE REINSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR33677885317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. DEAN R LAGERBORG**

Mailing Address 58 BRISA FRESCA

City State Zip Code  
RCHO STA MARGARITA CA 92688

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INFO TECH SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR33677895317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MS. ADRIENNE MOUCH**

Mailing Address 2524 W WATROUS AVE

City State Zip Code  
TAMPA FL 33629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

**Transaction ID : PR33677905317**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

## **B. MS. KAREN L MOYER**

Mailing Address 4821 SUNNYBROOK AVE

City State Zip Code  
BUENA PARK CA 90621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR SYSTEMS ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

**Transaction ID : PR33677915317**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

## **C. MR. BRIAN D PEAD**

Mailing Address 25 SUNRISE

City State Zip Code  
IRVINE CA 92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP APPL ARCH & INTEG.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

**Transaction ID : PR33677945317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

180.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JEFFREY S PHILLIPS**

Mailing Address 14932 PENFIELD CIR

City State Zip Code  
HUNTINGTON BEACH CA 92647

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR33677955317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. CHRISTOPHER L RATCHFORD**

Mailing Address 2807 FOUNDERS BRIDGE RD

City State Zip Code  
MIDLOTHIAN VA 23113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR33677965317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JON W RUELLE**

Mailing Address 14 FULMAR LN

City State Zip Code  
ALISO VIEJO CA 92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR BUS ANA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR33677975317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

A. MR. PARAG S SHAH

Mailing Address 24972 FOOTPATH LN

City State Zip Code  
LAGUNA NIGUEL CA 92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP PRODUCT DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR33677985317

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. KARI S TURIGLIATTO

Mailing Address 253 NIETO AVE

City State Zip Code  
LONG BEACH CA 90803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR33677995317

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. MARTHA A WIEDMANN

Mailing Address 11201 BARDON HILL DRIVE

City State Zip Code  
BAKERSFIELD CA 93312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

PSD COMPLIANCE CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR33678005317

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

105.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. DEIDRE B WILSON**

Mailing Address 24215 SPARKLING SPRING LN

City  
LAKE FOREST

State Zip Code  
CA 92630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SUPR LITIGATION & COMPL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR33678015317

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JAMES P WITKOWSKI**

Mailing Address 5620 FOXTAIL LOOP

City  
CARLSBAD

State Zip Code  
CA 92010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

CHANNEL MKTG DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR33678025317

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. MICHAEL F MIRANNE**

Mailing Address 153 SHUTE CIR

City  
OLD HICKORY

State Zip Code  
TN 37138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR34419155317

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MATTHEW F WILHOIT**

Mailing Address 416 HELIOTROPE AVE

City State Zip Code  
 CORONA DEL MAR CA 92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP LEGAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR34659105317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. KEVIN RODDY**

Mailing Address 23221 VIA DORADO

City State Zip Code  
 COTO DE CAZA CA 92679

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR38370895317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. WESLEY G AKINS**

Mailing Address 9 BROOKDALE

City State Zip Code  
 IRVINE CA 92604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR BUS ANA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR43582195317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. DAVID A HENDERSON**

Mailing Address 20727 E MAPLEWOOD LN

City State Zip Code  
 CENTENNIAL CO 80016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FIELD VICE PRES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2011

**Transaction ID : PR43582255317**

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DANIEL J KUBICA**

Mailing Address 26362 YOLANDA ST

City State Zip Code  
 LAGUNA HILLS CA 92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR FLD FIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 31 / 2011

**Transaction ID : PR43582265317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. CARLA M MILLER**

Mailing Address 890 SHORES BLVD

City State Zip Code  
 ROCKWALL TX 75087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FIELD VICE PRES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 31 / 2011

**Transaction ID : PR43582275317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. RANDALL D MOODY**

Mailing Address 600 E. ELM ST.

City  
BREA

State  
CA

Zip Code  
92821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

CONSTRUCTION SVCS MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR43582285317

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOSEPH J NICOLOSI**

Mailing Address 5865 E ANDOVER DR

City

HANOVER PARK

State

IL

Zip Code

60133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FIELD VICE PRES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR43582295317

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. DEBRA A KRAJICEK**

Mailing Address 50 ELCANO DR

City

HOT SPRINGS VILLGE

State

AR

Zip Code

71909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SYS ADMIN SR (SR I)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR43582305317

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. CHRISTIAN J PHANCO**

Mailing Address 18710 ORIENTE DR

City

YORBA LINDA

State

CA

Zip Code

92886

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR43582315317

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. SCOTT D REYNOLDS**

Mailing Address 10140 MORNINGSTAR CIR

City

VILLA PARK

State

CA

Zip Code

92861

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INFO SEC & BCP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR43582325317

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. VINCENT E SAMA**

Mailing Address 39 SAMMIS ST

City

HUNTINGTON

State

NY

Zip Code

11743

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR43582335317

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. LAURYN D SMITH**

Mailing Address 17870 NEWHOPE ST

City State Zip Code  
 FOUNTAIN VALLEY CA 92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR PAYROLL TAX ANA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR43582345317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. VINCENT A SPERA**

Mailing Address 1616 LOOKOUT CIR

City State Zip Code  
 WAXHAW NC 28173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR43582355317**

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. JOANNE T GAGNON**

Mailing Address 359 PEARL ST

City State Zip Code  
 READING MA 01867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP M MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR48232225317**

Amount of Each Receipt this Period

42.00

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

142.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. STACY J MARSH**

Mailing Address 318 VIA PROMESA

City State Zip Code  
 SAN CLEMENTE CA 92673

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR48232235317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. TERESA A OSBORN**

Mailing Address 135 ROSEBUD LN

City State Zip Code  
 COUNCIL BLUFFS IA 51503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SUPR INFORCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR48232255317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. GARY D PENCE**

Mailing Address 27691 BLOSSOM HILL RD

City State Zip Code  
 LAGUNA NIGUEL CA 92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ADVD DESIGN CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR48232265317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. LINDA M PIERCE**

Mailing Address 16215 BURDETTE CIR

City

OMAHA

State

NE

Zip Code

68116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR POLICYOWNER SVC CNTR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR48232275317

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DAVID T CHANG**

Mailing Address 18 IROQUOIS CT

City

IRVINE

State

CA

Zip Code

92602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RISK MGMT ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR59529255317

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. ROBERT W HARRISON**

Mailing Address 511 1/2 NARCISSUS AVE

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CORP TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 31 / 2011

Transaction ID : PR59529265317

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOHN F TRUJILLO**

Mailing Address 3342 BIG DIPPER DR

City  
CORONA

State  
CA

Zip Code  
92882

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP SYSTEMS ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 31 / 2011

**Transaction ID : PR59529275317**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. ROBERT V IPPOLITO**

Mailing Address 2222 GLEN MARY PL

City  
DULUTH

State  
GA

Zip Code  
30097

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP MUTUAL FUNDS - EAST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 31 / 2011

**Transaction ID : PR60750505317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. CADE H CHERRY**

Mailing Address 20 ESTERO POINTE

City  
ALISO VIEJO

State  
CA

Zip Code  
92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP STRATEGIC PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

12 / 31 / 2011

**Transaction ID : PR61125885317**

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. JENNIFER B COOK**

Mailing Address 1965 SHERINGTON PL APT K312

City State Zip Code  
 NEWPORT BEACH CA 92663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR. BROKER DEALER COORD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR61125895317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. GARY L FALDE**

Mailing Address 9212 SANTIAGO DR

City State Zip Code  
 HUNTINGTON BEACH CA 92646

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & CHIEF ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR61125905317**

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. WILLIAM D MARTINEAU**

Mailing Address 9691 WOODLAWN DRIVE

City State Zip Code  
 HUNTINGTON BEACH CA 92646

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP APPLIC DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR61125935317**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. BRIAN W REEVES**

Mailing Address 553 PASEO LUNADO

City State Zip Code  
 PALOS VERDES EST CA 90274

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CORPORATE FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR61125955317**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. RALPH D SCHOCH**

Mailing Address 3443 CROOKED CREEK DR

City State Zip Code  
 DIAMOND BAR CA 91765

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR DATABASE ADMINR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR61125965317**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. REBECCA S WARWAR**

Mailing Address 196 S SAGEWOOD ST

City State Zip Code  
 ORANGE CA 92869

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR OPEN SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR61125975317**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. WESLEY J FARNER**

Mailing Address 7 ELMBROOK

City State Zip Code  
 ALISO VIEJO CA 92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR ACTUARIAL STAFF ANA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR67885045317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. TRISTAN L FONTUGNE**

Mailing Address 6 SCHUBERT CT

City State Zip Code  
 IRVINE CA 92617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR PROD DESIGN ANA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR67885055317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. MATTHEW L HANSBERGER**

Mailing Address 5516 RIVER AVE

City State Zip Code  
 NEWPORT BEACH CA 92663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP IT OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR67885065317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. MATTHEW A LEVENE

Mailing Address 2147 IRIS PL

City State Zip Code  
 COSTA MESA CA 92627

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR67885075317

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. JILL PECKINGHAM

Mailing Address 50 COLONIAL WAY

City State Zip Code  
 ALISO VIEJO CA 92656

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

ANNUITY PROJECT SVCS DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR67885095317

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. JESSICA L RICE

Mailing Address 511 S 51ST AVE

City State Zip Code  
 OMAHA NE 68106

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INTERNAL WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR67885105317

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

175.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JEREMY M SMITH**

Mailing Address 15 MATHEWS ST APT 206

City State Zip Code  
 ROCHESTER NY 14607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR67885115317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. KEVIN W STEINER**

Mailing Address 211 DETROIT AVE

City State Zip Code  
 HUNTINGTON BEACH CA 92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

MUTUAL FUNDS COMPLIANCE DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR67885125317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. STEVEN L SUN**

Mailing Address 26 SWEET SHADE

City State Zip Code  
 IRVINE CA 92606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

APPLIC DEV MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR67885135317**

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MICHAEL A YETTER**

Mailing Address 3438 E RIDGEWAY RD

City  
ORANGE

State Zip Code  
CA 92867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INVESTMENT SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR67885155317**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. ALEXANDER F MUNRO**

Mailing Address 8 HILLSBOROUGH

City  
NEWPORT BEACH

State Zip Code  
CA 92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ITS STRATEGIC SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR68001205317**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

17850.64

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Judy Biggert For Congress**

Mailing Address P.O. Box 637

City	State	Zip Code
Hinsdale	IL	60522

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Judy Biggert**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2011

**Transaction ID : 10473155**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Blumenauer For Congress**

Mailing Address 830 NE Holladay Suite 105

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Earl Blumenauer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2011

**Transaction ID : 10473156**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of John Boehner**

Mailing Address 7808 Cincinnati Dayton Road, Suite

City	State	Zip Code
West Chester	OH	45069

Purpose of Disbursement  
Contribution

Candidate Name

**John Boehner**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2011

**Transaction ID : 10473157**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ben Cardin For Senate**

Mailing Address 38 Ivy Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Benjamin Cardin**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2011

**Transaction ID : 10473158**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Carolyn McCarthy**

Mailing Address 38 Ivy Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Carolyn McCarthy**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2011

**Transaction ID : 10473159**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. 21st Century PAC**

Mailing Address 1155 21st Street, NW

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2011

**Transaction ID : 10473161**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 98 OF 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard E. Neal for Congress**

Mailing Address 76 Magnolia Terrace

City	State	Zip Code
Springfield	MA	01108

Purpose of Disbursement  
Contribution

Candidate Name

**Richard Neal**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2011

**Transaction ID : 10473162**

Amount of Each Disbursement this Period

1000.00
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Contribution

Full Name (Last, First, Middle Initial)

**B. PAC TO THE FUTURE**

Mailing Address 430 South Capitol Street, SE, 1st

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**PAC TO THE FUTURE**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2011

**Transaction ID : 10473163**

Amount of Each Disbursement this Period

2000.00
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Contribution

Full Name (Last, First, Middle Initial)

**C. Snowe for Senate**

Mailing Address P.O. Box 2012

City	State	Zip Code
Portland	ME	04104

Purpose of Disbursement  
Contribution

Candidate Name

**Olympia Snowe**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ME District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2011

**Transaction ID : 10473164**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 99 OF 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mike Thompson for Congress**Mailing Address 236 Massachusetts Avenue, NE  
Suite 603

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

Candidate Name

**Mike Thompson**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: CA District: 01Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2011

**Transaction ID : 10473165**

Amount of Each Disbursement this Period

1000.00
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Contribution

Full Name (Last, First, Middle Initial)

**B. Jackie Speier For Congress**

Mailing Address PO Box 112

City Burlingame State CA Zip Code 94011

Purpose of Disbursement  
Contribution

Candidate Name

**Jackie Speier**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: CA District: 12Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2011

**Transaction ID : 10512387**

Amount of Each Disbursement this Period

1000.00
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Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00
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12000.00
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